

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577825

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3	2							53					
4	0							54					
5	0							55					
6	0							56					
7	0							57					
8	0							58					
9	0							59					
10	0							60					
11	0							61					
12	0							62					
13	0							63					
14	0							64					
15	0							65					
16	0							66					
17								67					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1												
TOTAL DEP.	16	←	16	←				↓		↓		↓	
TOTAL CLAIMS	17		17										